

Pain Definition Updated After 40 years

International Association for the Study of Pain hopes the revised definition will revitalize assessment and management of pain

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The goal of this review was to provide a synopsis of the critical concepts of pain and an analysis of the proposed revised definition of pain by the International Association for the Study of Pain (IASP).

Study Synopsis and Perspective:

Chronic pain is a public health concern affecting 20-30% of the population of Western countries. Pain is a uniquely individual experience marked by wide variations in its intensity, quality, and duration. Thus, having a clear and concise definition of pain provides clinicians, researchers, and individuals dealing with pain around the world with a shared understanding of the term to apply to health policy, research, and clinical care.

Action Points

- Note that the International Association for the Study of Pain (IASP) has revised the definition of pain to reflect advances in the understanding of the multiple potential contributing factors to the personal experience of pain.
- The revision notes the importance of assessing the adverse effects of pain on an individual's function and social and psychological well-being to help personalize pain management.

Now, for the first time in 40 years, IASP has revised the definition of pain to reflect advances in the understanding of pain, with hopes that this will lead to new ways of assessment and management.

As described in IASP's journal *PAIN*, the updated definition of pain is: "An unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage." (The previous definition, adopted by the IASP Council in 1979, was: "An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.")

In the document, Srinivasa Raja, MD, of the Department of Anesthesiology and Critical Care Medicine at Johns Hopkins University in Baltimore, chair of the IASP task force, and co-authors explained that the goal was to redefine pain in broad terms, consistent with the current understanding of multiple factors that potentially contribute to the experience of pain.

"IASP and the task force that wrote the revised definition did so in hope that a better understanding of the nuances and the complexity of pain result in improved assessment and management of persons with pain," Raja told *MedPage Today*.

"If we gain a better understanding of the patient's pain experience through an interdisciplinary approach, we may be able to examine the benefits of a variety of approaches to manage their pain, including non-addictive pharmacological agents, and non-pharmacological treatments such as cognitive behavioral therapy, physical and occupational rehabilitation, and interventional approaches such as nerve blocks and electrical neuromodulation," he added.

The revised definition also includes six "notes" and an explanation of the etymology of the word "pain" for context. The notes expand the definition to include the following:

- Pain is always a personal experience that is influenced to varying degrees by biological, psychological, and social factors
- Pain and nociception are different phenomena, and pain cannot be inferred solely from activity in sensory neurons
- Through life experiences, people learn the concept of pain
- A person's report of an experience as pain should be respected
- Although pain usually serves an adaptive role, it may have adverse effects on function and social and psychological well-being
- Verbal description is only one of several behaviors to express pain, and an inability to communicate does not negate the possibility that a human or a nonhuman animal experiences pain

"The notes emphasize the need to assess the adverse effects of pain on an individual's function and social and psychological well-being to help personalize their pain management," Raja said.

In the document, the task force authors note that the word pain derives from the Latin word "poena" (punishment), which stems from the Greek "poinē" (payment, penalty, or recompense).

"We included the etymology of the word pain because it frames our entire reference point; this English word stems from a Greek root meaning penalty or punishment," IASP task force member Daniel Carr, MD, of Tufts University in Boston, said in a statement. "Other words in daily use by the ancient Greeks emphasized pain's location or the distress it may cause. We would do well to return to thinking about pain as having multiple dimensions, so that we can assess and treat it more holistically."

The process of redefining pain was a major effort that included multiple stakeholder opinions and a public commentary period, noted Beth Darnall, PhD, of Stanford University, who was not part of the IASP task force.

"These efforts, when done correctly, thoughtfully, and engaging international stakeholder feedback, require a considerable amount of time and resources to appreciate the range of perspectives. The challenge is to be highly inclusive, not just of stakeholder perspectives, but also inclusive of results for pain science," Darnall told *MedPage Today*.

"The revised definition gives more room and respect for self-report by emphasizing that tissue damage is not required," she observed. "In other words, language about tissue damage is de-emphasized, and this aligns with scientific data for some conditions."

The new definition of pain has potential benefits for both research and patient care, Raja and co-authors said. Already, work by the IASP to update pain disease classification has been included in the 11th revision of the International Classification of Diseases (ICD-11). "A revised definition of pain is very timely and aligns with this and other current efforts to advance ontological frameworks in which pain resides," the authors observed.

Source Reference: [PAIN](#) 2020; DOI: 10.1097/j.pain.0000000000001939

Study Highlights and Explanation of Findings:

While the revision was undertaken "during a time of considerable focus on and concerns about the use of [prescription opioid](#) medications for chronic pain, the task force was initiated independently of those issues," wrote IASP president Lars Arendt-Nielsen, PhD, DMed, of Aalborg University in Denmark, and IASP past-president Judith Turner, PhD, of the University of Washington in Seattle, in an [accompanying commentary](#).

"Upon quick glance, the changes in the definition of pain and accompanying notes might seem minor, but they are important." For example, "we know now that some types of pain, while not associated with tissue injury, are associated with nervous system dysfunction," Arendt-Nielsen and Turner said.

ICD-11 includes a [chronic pain classification](#) for the first time. Syndromes of chronic pain -- defined as pain that persists or recurs for more than 3 months -- have been classified into two broad subgroups:

- Chronic primary pain (e.g., fibromyalgia or nonspecific low-back pain) thought of as a disease in its own right
- Chronic secondary pain encompasses six other subgroups in which pain is at least initially conceived as secondary to an underlying disease, such as cancer or a neurological condition

"In cases [of pain associated with a nervous system dysfunction], all too often healthcare providers still communicate a message to patients with pain that 'there is nothing wrong' when imaging and other test results are normal," the editorialists wrote.

"All too often, such patients feel dismissed by their healthcare providers and perceive them as viewing their pain as all due to stress or psychological problems, leading to frustration, anger, anxiety, and an endless search for new providers, tests, and treatments. As one of the revised notes states, 'A person's report of an experience as pain should be respected.' This understanding has important implications for optimal treatment," Arendt-Nielsen and Turner said.

Raja and co-authors noted that one observed limitation of the previous definition of pain was its emphasis on verbal self-report over potentially revealing nonverbal behaviors, which could affect patients who are cognitively impaired, or have poor language skills.

A [2013 paper](#) in the *British Journal of Anaesthesia* on assessment of chronic pain notes that the patient interview is central to evaluation of psychosocial and behavioral factors that can influence subjective reports of pain characteristics. Those authors noted that a five-question screening tool -- "ACT-UP" (Activity, Coping, Think, Upset, People's responses) -- offers clinicians a brief guide to pain assessment.

According to [CDC data](#) published in 2018, of the estimated 50 million Americans currently affected by chronic pain, approximately 20 million have high-impact chronic pain, which has been linked to increased risk of major

mental conditions including depression, anxiety, and post-traumatic stress disorder.

Evidence suggests that comprehensive [multidisciplinary management](#) based on the biopsychosocial model of pain is clinically effective and cost-efficient, but not widely available. Patients can be referred to the [U.S. Pain Foundation](#), which has a mission to "empower, educate, connect, and advocate for people living with chronic conditions that cause pain," and has many programs, services, and information about holistic approaches to managing chronic pain.

Primary Source

PAIN

Source Reference: [Raja S, et al "The revised International Association for the Study of Pain definition of pain: concepts, challenges, and compromises" PAIN 2020; DOI: 10.1097/j.pain.0000000000001939.](#)

Secondary Source

PAIN

Source Reference: [Turner J, Arendt-Nielsen L "Four decades later: what's new, what's not in our understanding of pain" PAIN 2020; DOI: 10.1097/j.pain.0000000000001991.](#)